

DFW

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/666,396
	Filing Date	SEPTEMBER 18, 2003
	First Named Inventor	THEODORE BENDEREV
	Group Art Unit	3731
	Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number MEDTR-001A

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): CERTIFICATE OF MAILING; RETURN RECEIPT POSTCARD
Remarks		Please charge any additional fees or credit any overpayment to Deposit Account 19-4330.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MATTHEW A. NEWBOLES STETINA BRUNDA GARRED & BRUCKER
Signature	
Date	9/28/07

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <input type="text"/>	
Typed or printed name	LINDA JOHNSON
Signature	
Date	9.28.07


Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

ATTORNEY DOCKET NO: MEDTR-001A
TITLE: SYSTEM AND METHOD FOR DETERMINING PRESSURE AND SPACING
RELATING TO ANATOMICAL STRUCTURES

APPLICATION NUMBER: 10/666,396

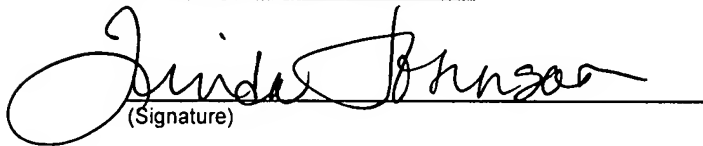
FILED: 09/18/2003

Certificate of Mailing under 37 CFR 1.8 or 37 CFR 1.10

 I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on September 28, 2007


(Signature)

LINDA JOHNSON

(Typed name of person signing certificate)

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

1. TRANSMITTAL;
2. AMENDMENT (10 pages);
3. CERTIFICATE OF MAILING;
4. RETURN POSTCARD.

T:\Client Documents\MEDTR\001A\CERTIFICATE OF MAILING.doc